	PATENT	APPLICATIO Effec	ON FEE C			ON RECO	RD	À	A /.	٠.	72	/
CLAIMS AS FILED - PART I (Column 1) (Column 2)									VTITY	OR	OTHER	
TOTAL CLAIMS			50				RAT	ſΕ	FEE		RATE	FEE
FOR			NUMBER FILED NUM			BEREXTRA	BASIC		385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			50 minus 20=			30	×s	X\$ 9=		OR:	X\$18=	54n
INDEPENDENT CLAIMS			14 minus 3 =			11	X43=		_	OR	X86=	024
MULTIPLE DEPENDENT CLAIM P							-					76
• 11		in saluza 1 is	less than zero enter "G" in whiting 2				<u> </u>	+145=		OR	+290=	5
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								Al.	L	FIO.	TOTAL	HO.
	С	(Column 1)		- PART II (Column 2) — (Column 3)			SMALL ENTITY		OR	OTHER SMALL		
NT A		CLAIMS REMAINING AFTER AMENDMENT		NUMI PREVIO	EER BER DUSLY	ERESENT EXTRA	AN	E	ADDI TIONAL FEE		RATE	ADDI TIONAL FEE
AMENDMENT	Total	50	Minus	. 3	0	-	XS S)= -		OR	XS18=	
MEN	Independent	14	Minus		11	= .	X43			OR	X86=	
₹ —	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=	
				·	•		+14	TAL		OR	TOTAL	
							ADDIT			OR	ADDIT FEE	
AMENDMENT B		(Column 1) CLAIMS		(Colur HIGH	EST	(Column 3)			ADDI:	ì		ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVIO	DUSU	PRESENT	RAI	E	FEE		RATE	TIONAL FEE
	Totai	50	Minus	-5	Ö	. (XS :	-i .		UP4	X\$184	
	ino-pendent	.14	Minus	[1	=	X40	 } ::		OR	×86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						. +14			СH	·29d)
								934L 611		OR	TOTAL ADDIT FEE	
	(Column 1) (Column 2) (Column 3)								•			
AMENDMENT C	.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER QUSLY	PRESENT LEXTRA	RAI		AUDI- TIONAL: FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	1 ** *		e ⁻	XS.	 3=		OR	XS18=	
	Independent		Minus	***		= .	X4.				X86=	
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						^	, -		OR		
					- ::0: :	atumo 3	+14			OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **ADDIT. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT FEE	
	II the "Highest Nu The "Highest Nuп	mber Previously Pa aber Previously Pai	d For (Total o	ns space of independ	eni) is lhi	an u, enter "3." e highest numbe			propriate bo	x in co	nnuka.	

FORM PTO-875 (Rev 10:03)

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